## Case 3:05-cv-30104-MAP

Document 6

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PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLANTIFF	COURT CASE NUMBER	
Chester & Seans	05 30104	(- MAK)
Chos Tor Grild	TYPE OF PROCESS	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	R DESCRIPTION OF PROPERTY TO S	SEIZE OR CONCEMN
hester Goula		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
AT 42 LOWERD FEINAGE ChiCAPER	ma	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be	
Holyoke Solviers Home HICKerry ST	served with this Form - 285	
Holyoke Solviers Home	Number of parties to be	
#LNLOMY ST	served in this case	
HOLYOKE MA 0/040	Check for service	
•	on U.S.A.	<i>.</i>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service):		ernate Addresses A.1
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single form	ω 	
Signature of Attoffey or other Originator requesting service on behalf of:  PLAINTIFF	TELEPHONE NUMBER	DATE
DEFENDANT DEFENDANT	43 3 32 9475	5/10/00
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW	THIS LINE
	ized USMS Deputy or Clerk	Date/ ,
number of process indicated. (Sign only first USM 285 if more)  Of Origin  To Serve  Delta to Serve  Delta to Serve	1 / 100	5/12/05
than one USM 285 is submitted) No. No. No. No. No.	. Spilly	
I hereby certify and return that I have personally served, $\square$ have legal evidence of service, $\square$ have ex on the individual, company, corporation, etc., at the address shown above or on the individual, company.	ecuted as shown in "Remarks", the pro	cess described s inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	, named above (See remarks below)	
Name and title of individual served (if not shown above)	A person of suit	able age and dis-
Norma Gdula wife	cretion then residusual place of a	ling in the defendint's
Address (complete only if different than shown above)	Date of Service Tir	ne am
12 Lord Terrace N	6/24/05 1	2:00 pm
Chicopee MA 01020	Signature of U.S. Ma	arshal or Deputy
	Italw (	touth - 3
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refun I
REMARKS:		